

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/569838

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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40				/		
41				/		
42				/		
43				/		
44				/		
45				/		
46			/			
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
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66				/		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		4	↓	
TOTAL DEP.		←		33	←	
TOTAL CLAIMS				37		